FORM D

# UNITED STATES 143/924

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 PROCESSED

FORM D

APR 1 4 2008

THOMSON



# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6) AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL                                   |  |  |  |  |
|--|--|--|--|--|
| 3235-0076<br>April 30, 2008<br>burden<br>16.00 |  |  |  |  |
|  |  |  |  |  |

|        | SEC USE ONL   | .Y     |
|--------|---------------|--------|
| Prefix |               | Serial |
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|        | Date Received |        |
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|        |               |        |

|   | is an amendment and name has changed, and indic  | ate change.) |  |   |
|---|--|--------------|--|---|
| NorthRock Core Fund, L.P. offering o  |  | ·            | . 4(4) = 111.0                         | Ar.                                       |
| Filing Under (Check box(es) that appl   | • •  | D6 🗆 Secti   | ion 4(6) 🔲 ULC                         | )E  |
| Type of Filing: [X] New Filing  | Amendment  | Т.           |  |   |
|   | A. BASIC IDENTIFICATION DA   | IA           |  |   |
| 1. Enter the information requested abo  | out the issuer   |              |  |   |
| Name of Issuer (☐ Check if this is a NorthRock Core Fund, L.P.                  | an amendment and name has changed, and indicate  | change.)     |  | 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1    |
| Address of Executive Offices  | (Number and Street, City, State, Z   | ip Code) T   | elephone Num                           | 19166 1844 190 196 184 196 196 198 198 1  |
| c/o Rockwood Capital, LLC, Two Em   | barcadero Center, Suite 2360, San Francisco, CA 9  | 4111 (4      | 115) 645-4300                          | <u> </u>                                  |
| Address of Principal Business Operati   |  |              | elephone Numl                          | 08044035                                  |
| (if different from Executive Offices)   |  |              |  |   |
|   | old, maintain, operate, improve, develop, renova<br>e in any and all activities as are related or incide |              | igin <b>a</b> te, use, leas <b>e</b> , | finance, manage and                       |
| Type of Business Organization   |  |              |  | Mail Processing                           |
| <ul><li>corporation</li></ul>   | [X] limited partnership, already formed  | □ other      | r (please specify):                    | Section                                   |
| □ business trust  | limited partnership, to be formed  |              |  |   |
| Actual or Estimated Date of Incorpora<br>Jurisdiction of Incorporation or Organ | ization: (Enter two-letter U.S. Postal Service abbre   |              |  | APK () 3 2008  Estimated  FWeshington, DC |
| ODNED AL INSTRUCTIONS   | CN for Canada; FN for other foreign juris  | sdiction)    | <u>D</u>                               | 102                                       |

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:  | □ Promoter                              | ☐ Beneficial Owner                           | ☐ Executive Officer      | ☐ Director                            | ☐ General and/or<br>Managing Partner |
|--|---|--|--------------------------|---------------------------------------|--------------------------------------|
| Full Name (Last name first, if i                                   | ndiviđual)                              |  |                          |                                       |                                      |
| Rockwood Capital, LLC  |   |  |                          |                                       |                                      |
| Business or Residence Address<br>Two Embarcadero Center, Suite     | (************************************** | er and Street, City, State, Z<br>o, CA 94111 | Cip Code)                |                                       |                                      |
| Check Box(es) that Apply:  |   | ☐ Beneficial Owner                           | ☐ Executive Officer      | ☐ Director                            | ☑ General and/or  Managing Partner   |
| Full Name (Last name first, if i                                   | ndividual)                              |  |                          | · · · · · · · · · · · · · · · · · · · |                                      |
| NorthRock General Partner, LL                                      | .c                                      |  |                          |                                       |                                      |
| Business or Residence Address                                      | (Numb                                   | er and Street, City, State, 2                | Lip Code)                |                                       |                                      |
| c/o Rockwood Capital, LLC, T                                       | wo Embarcadero Cer                      | nter, Suite 2360, San Franc                  | isco, CA 94111           |                                       |                                      |
| Check Box(es) that Apply:  | □ Promoter                              |  | ☐ Executive Officer      | □ Director                            | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if i                                   | ndividual)                              |  |                          | •                                     |                                      |
| The Treasurer of the State of N<br>Statutes Section 147-69.2(b)(8) | •                                       | ly authorized fiduciary of t                 | he Retirement Systems (a | as defined in Nor                     | th Carolina General                  |
| Business or Residence Address                                      | (Numb                                   | er and Street, City, State, Z                | Cip Code)                |                                       |                                      |
| 325 North Salisbury Street, Ral                                    | leigh, NC 27603                         |  |                          |                                       |                                      |
|  |   | _  |                          |                                       |                                      |
|  |   |  |                          |                                       |                                      |

|   |   |   |  | B. INF                    | ORMATIO                    | N ABOUT                       | OFFERI        | NG                          |                               |                          |                        |             |
|---|---|---|--|---------------------------|----------------------------|-------------------------------|---------------|-----------------------------|-------------------------------|--------------------------|------------------------|-------------|
|   |   |   |  |                           |                            | • • •                         |               |                             |                               |                          | Yes                    | No          |
| 1. Has the iss  | suer sold, or                               | r does the is                                 | suer intend                                  | to sell, to r             | ion accredit               | ed investor                   | s in this off | ering?                      |                               |                          |                        | [X]         |
|   |   |   | Ans  | wer also in               | Appendix,                  | Column 2,                     | if filing und | ler ULOE.                   |                               |                          |                        |             |
| 2. What is the  | e minimum                                   | investment                                    | that will be                                 | e accepted:               | from any in                | diviđual?                     |               |                             |                               |                          | \$ <u>**</u>           |             |
|   |   |   |  |                           | etion of the               |                               |               |                             |                               |                          | Yes                    | No          |
| 3. Does the o   | ffering pen                                 | mit joint ow                                  | mership of                                   | a single uni              | it?                        |                               |               |                             |                               |                          | [X]                    | []          |
| 4. Enter the iremuneration agent of a bropersons to be Full Name (LN/A) | for solicita<br>ker or deal<br>listed are a | tion of pure<br>er registered<br>ssociated pe | hasers in co<br>I with the S<br>ersons of su | onnection v<br>SEC and/or | vith sales of with a state | securities i<br>or states, li | n the offeri  | ng. If a per<br>of the brok | son to be li<br>ter or dealer | sted is an<br>r. If more | associate<br>than five | d person or |
| N/A   |   |   |  |                           |                            |                               |               |                             |                               | ••••                     |                        |             |
| Business or R   | lesidence A                                 | ddress (Nu                                    | mber and S                                   | treet, City,              | State, Zip C               | ode)                          |               |                             |                               |                          |                        |             |
| Name of Asso  | ninted Dec                                  | leer or Deal                                  | nr.  |                           |                            |                               |               |                             |                               |                          |                        | <u>.,</u>   |
| I MAING OF MSSC   | Nated DIO                                   | KCI OI DCAI                                   | Ç1   |                           |                            |                               |               |                             |                               |                          |                        |             |
| States in Whi   | ch Person I                                 | isted Has S                                   | Solicited or                                 | Intends to :              | Solicit Purel              | hasers                        |               |                             |                               |                          |                        |             |
|   |   |   |  |                           |                            |                               |               |                             |                               |                          | All Stat               | tes         |
| [AL]  | [AK]  | [AZ]  | [AR]   | [CA]                      | [CO]                       | [CT]                          | [DE]          | [DC]                        | [FL]                          | [GA]                     | [HI]                   | [ID]        |
| [IL]  | [IN]  | [IA]  | [KS]   | [KY]                      | [LA]                       | [ME]                          | [MD]          | [MA]                        | [MI]                          | [MN]                     | [MS]                   | [MO]        |
| [MT]  | [NE]  | [NV]  | [NH]   | [[[                       | [NM]                       | [NY]                          | [NC]          | [ND]                        | [OH]                          | [OK]                     | [OR]                   | [PA]        |
| [RI]  | [SC]  | [SD]  | [TN]   | [TX]                      | [UT]                       | [VT]                          | [VA]          | [WA]                        | [WV]                          | [WI]                     | [WY]                   | [PR]        |
| Business or R   |   |   |  | treet, City,              | State, Zip C               | Code)                         |               |                             |                               |                          |                        |             |
|   |   |   |  |                           |                            |                               |               |                             |                               |                          |                        |             |
| States in Whi   |   |   |  |                           |                            | hasers                        |               |                             |                               |                          | All Star               |             |
| (Check /  | [AK]  | or check in<br>[AZ]                           | aiviauai Su<br>[AR]                          | (CA)                      | [CO]                       | [CT]                          | [DE]          | [DC]                        | [FL]                          | <br>[GA]                 | HI]                    |             |
| [!L]  | IN  | [IA]  | [KS]   | [KY]                      | (LA)                       | (ME)                          | [MD]          | [MA]                        | [MI]                          | [MN]                     | [MS]                   | [MO]        |
| (MT)  | [NE]  | [NV]  | [NH]   | [KN]                      | [NM]                       | [NY]                          | [NC]          | (ND)                        | (OH)                          | (OK)                     | [OR]                   | [PA]        |
| [RI]  | [SC]  | [SD]  | [TN]   | [TX]                      | [UT]                       | [VT]                          | [VA]          | [WA]                        | [WV]                          | [WI]                     | [WY]                   |             |
| Full Name (L  | ast name fi                                 | rst, if indiv                                 | idual)                                       |                           |                            |                               |               |                             |                               |                          |                        |             |
| Business or R   | lesidence A                                 | ddress (Nu                                    | mber and S                                   | treet, City,              | State, Zip C               | Code)                         |               |                             |                               |                          |                        |             |
|   |   |   |  |                           |                            |                               |               | ··-·                        |                               |                          |                        |             |
| Name of Asso  | ociated Bro                                 | ker or Deal                                   | ег   |                           |                            |                               |               |                             |                               |                          |                        |             |
| States in Whi   |   |   |  |                           | Solicit Purc               | hasers                        |               |                             |                               |                          |                        |             |
| ,   |   | or check in                                   |  | •                         |                            |                               |               |                             | fr: 1                         |                          | All Sta                |             |
| [AL]  | [AK]  | [AZ]  | [AR]   | [CA]                      | [CO]                       | [CT]                          | [DE]          | [DC]                        | (FL)                          | [GA]                     | (HI)                   |             |
| [IL]  | [IN]  | [IA]  | [KS]   | [KY]                      | [LA]                       | [ME]                          | [MD]          | [MA]                        | [MI]                          | [MN]                     | [MS]                   |             |
| [MT]  | [NE]  | [NV]  | [NH]   | [NJ]                      | [NM]                       | [NY]                          | [NC]          | [ND]                        | [OH]                          | [OK]                     | [OR]                   |             |
| [RI]  | [SC]  | [SD]  | [TN]   | [XT]                      | [UT]                       | [VT]                          | [VA]          | [WA]                        | [WV]                          | [WI]                     | [WY]                   | [PR]        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| <ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.</li> </ol>   |                             |   |
|--|-----------------------------|---|
| Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold                    |
| Debt   | \$_0                        | \$ <u>0</u>                               |
| Equity   | \$ 0                        |   |
| □ Common □ Preferred   |                             | <del></del>                               |
|  | * *                         | • •                                       |
| Convertible Securities (including warrants)  | \$ 0                        |   |
| Partnership Interests  | -                           | \$402,000,000                             |
| Other (Specify)  | \$ <u>0</u>                 |   |
| Total  | \$ <u>402,000,000</u>       | \$ <u>402,000,000</u>                     |
| Answer also in Appendix, Column 3, if filing under ULOE.   |                             |   |
| <ol> <li>Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."</li> </ol> | Number<br>Investors         | Aggregate<br>Dollar Amoun<br>of Purchases |
| Accredited Investors   | _ 2                         | \$ <u>402,000,000</u>                     |
| Non-accredited Investors   | _0                          | \$0                                       |
| Total (for filings under Rule 504 only)  | _0                          | \$ <u>0</u>                               |
| Answer also in Appendix, Column 4, if filing under ULOE.   |                             |   |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   |                             |   |
| Type of offering   | Type of Security            | Dollar Amoun<br>Sold                      |
| Rule 505   |                             | \$ <u>0</u>                               |
| Regulation A   |                             | \$ <u>0</u>                               |
| Rule 504   | 0                           | \$ <u> </u>                               |
| Total  |                             | \$ <u>0</u>                               |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.       |                             |   |
| Transfer Agent's Fees  |                             | 1 \$_0                                    |
| Printing and Engraving Costs   |                             | \$_0                                      |
| Legal Fees   |                             | \$ 350,000                                |
| Accounting Fees  |                             | s <u> </u>                                |
| Engineering Fees   |                             | \$ 0                                      |
| Sales Commissions (specify finders' fees separately)   |                             | \$ <u>0</u>                               |
| Other Expenses (identify) Blue Sky filings and entity formation expenses.  |                             | \$ 2,000                                  |
| Total  |                             |   |

| C. OFFERING F  | PRICE, NUMBER OF INVESTORS, EXPENSES AND US   | E OF P  | ROCEEDS  | _                     |
|--|---|---------|--|-----------------------|
| 1 and total expenses furnished in re   | egregate offering price given in response to Part C - Question sponse to Part C - Question 4.a. This difference is the ter."  |         |  | \$ <u>401,648,000</u> |
| used for each of the purposes shown. estimate and check the box to the left. | isted gross proceeds to the issuer used or proposed to be If the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must equal ter set forth in response to Part C - Question 4.b above. |         |  |                       |
|  | •   |         | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others |
| Salaries and fees  |   |         | \$   | <b>-</b> \$           |
| Purchase of real estate  |   |         | \$   | <b></b>               |
| Purchase, rental or leasing and ins  | stallation of machinery and equipment   |         | \$   | □ \$                  |
| Construction or leasing of plant be  | uildings and facilities   | . 🗅     | \$   | □ \$                  |
| offering that may be used in excha   | ncluding the value of securities involved in this ange for the assets or securities of another  | п       | \$   | <b></b>               |
|  |   |         | \$   |                       |
| • •  |   |         | \$   | -                     |
| - · · · · · · · · · · · · · · · · · · ·                                      | vestments   |         | \$   |                       |
| •                                      |   |         |  |                       |
|  |   |         | \$   | o \$                  |
|  |   |         | \$   |                       |
|  |   | _       | ·  |                       |
| Total Payments Listed (Column to   | otals added)  |         | ⊠ \$_  | 401,648,000           |
|  | D. FEDERAL SIGNATURE  |         |  |                       |
| following signature constitutes an und                                       | be signed by the undersigned duly authorized person. If this nelertaking by the issuer to furnish to the U.S. Securities and Exclude the issuer to any non-accredited investor pursuant to paragraphs.                                  | hange C | Commission, up   |                       |
| Issuer (Print or Type)   | Signature   |         | Date   |                       |
| NorthRock Core Fund, L.P.  | By: NorthRock General Partner, LLC, its General Part  | tner    | March <u>31</u> ,                                      | 2008                  |
|  | By: Rockwood Capital, LLC, its Member  By:  |         |  |                       |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)   | -       |  |                       |
| Peter J. Falco   | Managing Member   |         |  |                       |
| -  | · · · · · · · · · · · · · · · · · · ·   |         |  |                       |

**END** 

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)